

WISCONSIN EPI EXPRESS

June 12, 2003

[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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1. Lyme Disease in Wisconsin, 1997-2002

During the 2002 calendar year the Wisconsin Division of Public Health, Bureau of Communicable Diseases, received 917 Lyme disease case reports that met the case definition for surveillance. The case definition used to evaluate the reports is identical to that of the Centers for Disease Control and Prevention and has been used since 1997 (Case Definitions for Infectious Conditions Under Public Health Surveillance, MMWR May 2, 1997 / Vol. 46 / No. RR-10). The 917 cases reported during 2002 represents an increase of 41% from the 645 cases reported during the year 2001. Additionally, the 917 cases reported during 2002 represents an increase of 56% from the five year average (1997-2001) case count of 582. While the exact reason for the increase is unclear, it is consistent with a similarly large increase in reported cases in Minnesota. In 2002, 1582 Lyme disease case reports were submitted through 12/31/02. Of the 1582 submitted forms 508 did not meet the case definition for surveillance and were not counted. Another 157 reports contained insufficient information to determine whether or not the report met the case definition for surveillance and were not counted.

Figure 1 shows confirmed Lyme disease cases by year of disease onset for the years 1983-2002. Figure 2 shows Lyme disease case rates by age and gender in Wisconsin for the years 1997-2001. The data indicate that men are affected slightly more often than women (1.3:1) and there is a bimodal distribution with regards to age at infection, with peaks at 5-9 years and 60-69 years.

Figure 3 shows the seasonality of Lyme disease. Most cases (68% of all cases reported from 1997-2001) occur during the summer months of June, July and August and this is reflected on the graph.

Figure 4 shows the Lyme disease incidence rate (per 100,000 population) by county in Wisconsin for the period 1997-2001. The incidence of Lyme disease is generally higher in those counties west or north of the Wisconsin River. The ten counties with the greatest incidence rates include: Washburn, Burnett, Sawyer, Polk, Jackson, Clark, Portage, Eau Claire, Chippewa and Rusk. Six counties reported zero cases of Lyme disease for the period 1997-2001 and they are: Florence, Green, Kewaunee, Lafayette, Langlade and Manitowoc. For 2002 (as compared to the 1997-2001 average) Washburn, Barron, Trempealeau and Jackson counties all had a greater than 100% increase in the number of confirmed cases of Lyme disease.

Figure 1:

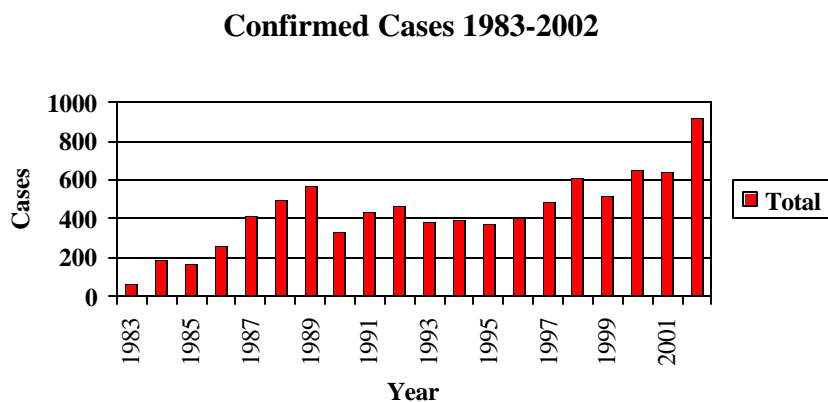


Figure 2:

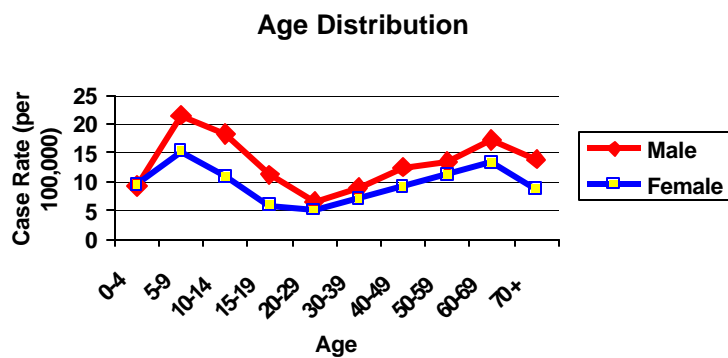


Figure 3:

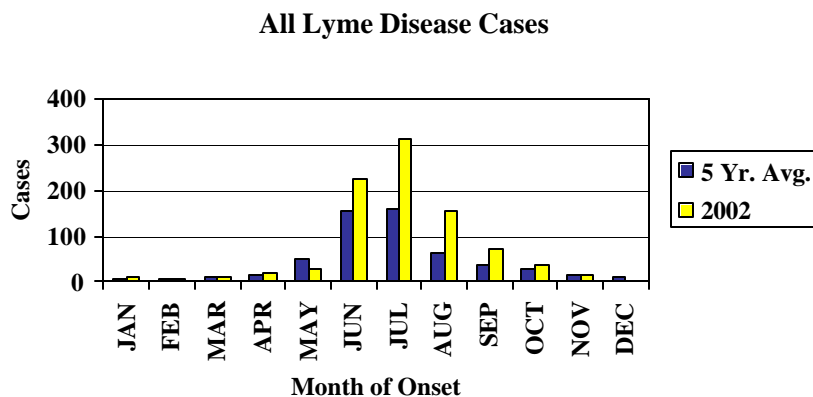
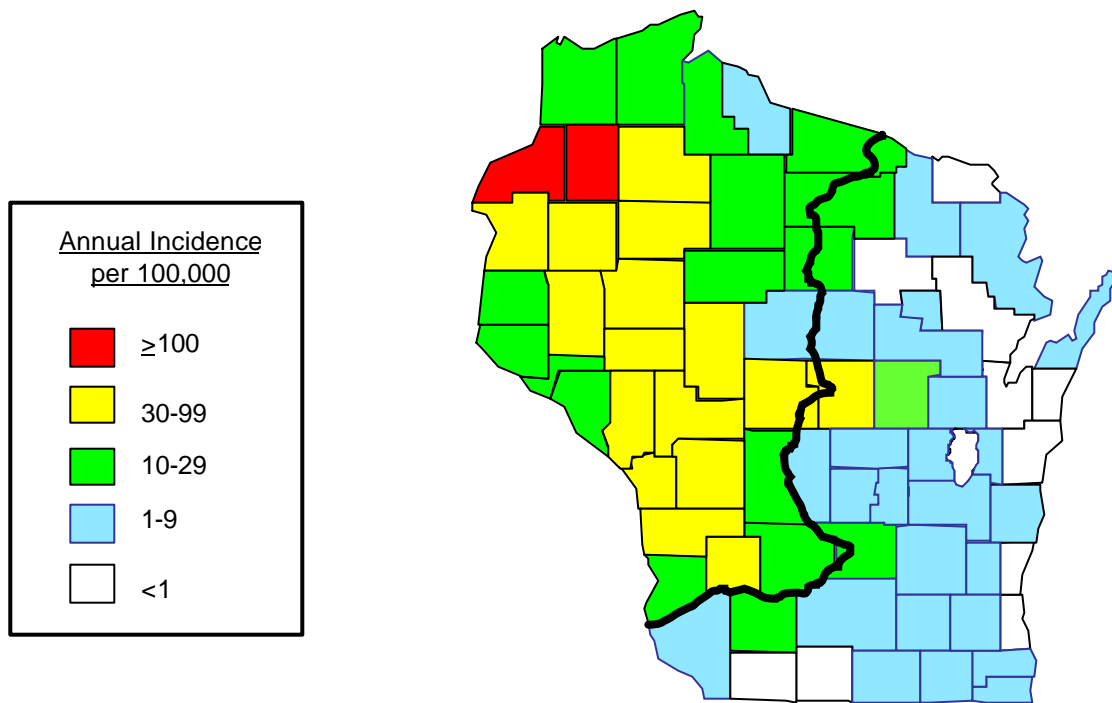


Figure 4:

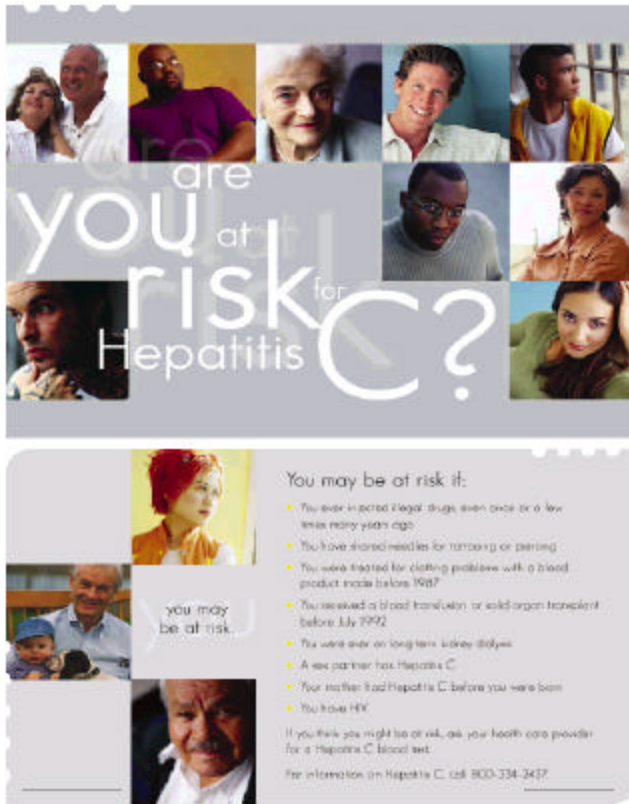
Lyme disease Risk, by County, 5 Yr. Avg. (1997 - 2001)



2. Wisconsin Hepatitis C Materials

Hepatitis C health education materials are now available from the Wisconsin Hepatitis C Program. The materials, which were designed by Madison, WI marketing firm Knupp and Watson, include a brochure, a poster and a postcard. The brochure explains hepatitis C, its seriousness, how it is spread, how it can be prevented, risk factors and benefits of testing. The poster and the postcard, which is a reduced version of the poster and not intended to be mailed, list the risk factors and advise those with risk factors to ask their health care provider for a hepatitis C test. All of the materials are in full color, available in English and Spanish, free of charge, and intended for distribution through local health departments, AIDS service organizations, community-based organizations, clinics and other settings. The poster and an order blank for these materials appear below in this issue of the WEE. To order these materials, fill in the quantity request column and the other information requested.

Marjorie Hurie, RN, MS
Hepatitis C Coordinator
Bureau of Communicable Diseases
1 W Wilson St, Rm 318
PO Box 2659
Madison, WI 53701
608-266-5819



Wisconsin Hepatitis C Materials ORDER FORM

Item	Publication #	Quantity
Hepatitis C Brochures (Full color, 6" x 3 ½ ")		
Find out about Hepatitis C and your Risk Brochure – English	PPH 42113	
Find out about Hepatitis C and your Risk Brochure – Spanish	PPH 42113S	
Hepatitis C Posters (Full color, 18" x 24")		
Are you at risk for Hepatitis C Poster – English	PPH 42118	
Are you at risk for Hepatitis C Poster- Spanish	PPH 42118S	
Hepatitis C Postcards (Full color, 6" x 4")		
Are you at risk for Hepatitis C? Postcard – English	PPH 42118A	
Are you at risk for Hepatitis C? Postcard – Spanish	PPH 42118AS	

Name: _____

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mail or fax your request to: Wisconsin AIDS/HIV Program – Division of Public Health
PO Box 2659 • Madison, WI 53701-2659 • Telephone: 608-267-5287 / Fax: 608-266-2906

3. CDC Guidance Documents on Monkeypox

CDC has issued a number of guidance documents related to monkeypox, that may be downloaded from the Web. These include the following:

"Interim Infection Control and Exposure Management Guidance in the Health-Care and Community Setting for Patients with Possible Monkeypox Virus Infection"

<http://www.cdc.gov/ncidod/monkeypox/pdf/mpoxinfectioncontrol.pdf>

"Preliminary Report: Multistate Outbreak of Monkeypox in Persons Exposed to Pet Prairie Dogs"

<http://www.cdc.gov/ncidod/monkeypox/pdf/report060903.pdf>

"Monkeypox Infections In Animals: Interim Guidance for Veterinarians and Pet Owners"

<http://www.cdc.gov/ncidod/monkeypox/pdf/mpoxanimalguidance.pdf>

"Fact Sheet: Basic Information About Monkeypox"

<http://www.cdc.gov/ncidod/monkeypox/pdf/mpfactsheet.pdf>

"Questions and Answers About Monkeypox"

<http://www.cdc.gov/ncidod/monkeypox/pdf/mpqa.pdf>

"Interim Field Specimen Collection Form-Humans"

<http://www.cdc.gov/ncidod/monkeypox/pdf/specimenform2.pdf>

"Interim Field Specimen Collection Form-Animals"

<http://www.cdc.gov/ncidod/monkeypox/pdf/specimenform.pdf>

"Federal Order of Embargo for Prairie Dogs and Rodents"

<http://www.cdc.gov/ncidod/monkeypox/pdf/embargo.pdf>

4. HIPAA Privacy Rule and Public Health

The Health Insurance Portability and Accountability Act (HIPAA) provides protection for the privacy of patient health information while balancing the need for public health agencies to perform disease and injury control and prevention activities. The administrative simplification provision regarding public health activities states, "Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention."

This provision ensures that communications between covered health care entities and public health agencies will not be hindered by any portion of the privacy regulations. Reporting of communicable diseases required under state statutes (HFS 145), and other exchanges of health information necessary to provide for public health and safety can and must occur.

Although public health agencies are not covered under the privacy rule, the Bureau of Communicable Diseases is committed to the long-standing practice in public health agencies of maintaining the privacy and protection of individual patient information. To that end, Gwen Borlaug, infection control epidemiologist, has been designated the bureau's HIPAA contact. Any

questions or comments about privacy rules relative to public health activities can be directed to her or the alternate contact, Michael Pfrang, management policy advisor.

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Michael Pfrang
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For more information on the HIPAA privacy rule, visit the following websites:

www.cdc.gov/privacyrule

www.hipaadvisory.com

<http://answers.hhs.gov> (see questions 88, 92, 93, 100, 110, 112, 119, 133, 168)

www.hipaacow.org

<http://www.cdc.gov/nip/registry/hipaa1.htm>

<http://www.hhs.gov/ocr/hipaa/guidelines/publichealth.pdf>

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

To be added to or removed from the distribution list contact:

Cindy Paulson: paulscl@dhfs.state.wi.us (608) 267-9003

To comment on topics in this issue:

Michael Pfrang: pfranmm@dhfs.state.wi.us (608) 266-7550